

**Meeting Minutes of
The Governor's Council on Behavioral Health
1:00 PM – January 10, 2012**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, January 8, 2012 at Barry Hall's conference room 126, 14 Harrington Road, Cranston RI 02920.

Members Present: Rich Leclerc, Chair, Richard Antonelli, Linda Bryan, Cathy Ciano, Sandra DelSesto, Mark Fields, Jim Gillen, Joseph Le, Bruce Long, Anne Mulready, Fred Trapasi, Neil Corkery, and Elizabeth Earls

Ex-Officio Members Present: Kim Sande, Department of Children, Youth and Families (DCYF); Colleen Polselli, Health Department (DOH), Sharon Kernan, Department of Human Service (DHS), Charles Williams and Rebecca Boss, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)

Guests: Marie Waldek, Nancy Divaney, Colleen Caron

Staff: James Dealy, Deb Varga, Elizabeth Kretchman and Lisa Stevens

Once a quorum was established and introductions were made, the Chair, Richard Leclerc, called the meeting to order at 1:05 p.m. Richard entertained a motion to accept the minutes of December 8, 2011. Linda Bryan asked to reword her comment in the BHDDH Report on page 3 second paragraph to read *"Working with the DD population can be complex. Success does not only mean individualization, least restrictive setting but also includes the individuals self esteem which includes their ability to network socially with others of their choice and their choice on how they want to be productive in society, but this should be their choice. With changes in DD budget, I would like to say that we need to evaluate and not change services that are already working"*. Mark Fields motioned to accept the minutes Liz Earls seconded. Richard called for a vote to approve the minutes. All were in favor, and the minutes were approved as amended.

SEOW: Elizabeth Kretchman discussed the dissemination of the SEOW data and passed around handout, (**Attachment I**) Rhode Island SEOW Dissemination Plan. SEOW is a project funded by federal grant. The amount of support is \$250,000 per year, with three years of guaranteed funding and a possible additional two years. The purpose of the SEOW is to develop data around community needs and develop programming based on that. As an example, she cited the use of the data received from the Youth Risk Behavior Survey and other sources, which showed that marijuana use was increasing among RI adolescents. This information was used to create an RFP that has resulted in nine community-based programs to reduce marijuana and other drug use.

Another example of the importance of the SEOW initiative is its role in reducing underage drinking. For the past decade, RI's underage drinking rate has been higher than the national average. This year, it is at the national average. During a recent site visit from the Center for Substance Abuse Prevention in connection with our Block Grant, it was noted that SEOW was a part of the reason for the decrease. Much of the prevention work is done by a substance abuse coalition in each town whose role is to prevent underage drinking and other drug use by youth. The community epi-profile created as part of the SEOW initiative is used to inform the substance abuse task forces.

SEOW data is presented to key stakeholders in a number of ways. It is the basis for a fact sheet that is reviewed for accuracy by the Director and disseminated to the media. A new SEOW product was developed for presentation to the General Assembly and the Congressional Leadership to educate them on what work is being done and possibly to secure state funding. Elizabeth said that

presentations are held on an ongoing basis throughout the state and at the Recovery Event this past September. There is also a new link through the Nurses' Association at the Department of Health website where findings are presented. The full SEOW report is at the following link:
http://www.bhddh.ri.gov/about/pdf/ri_profiles.pdf.

ROSC Update: Sandra DelSesto presented. Sandra passed around a revised draft *Attachment II* of the RI definition of recovery. Sandra spoke about creating a “recovery alumni” which would consist of people who have completed recovery treatment and are in long term recovery. Liz spoke about having recovery alumni participate in the new training advisory board. Sandra asked anyone who has comments or questions about the recovery definition to please contact Jim Dealy.

Updates from DCYF: Kim Sande presented. Janet Anderson advised Kim that the System of Care Phase II contracts are still in process. The RFP has gone out, and the Department has reached tentative agreements with the two networks that will be providing care for the children in DCYF custody. These networks are family centered and provide family supports in working with the Department. Janet will be coming to the February Council to present more information.

Kim stated that the new Director is still providing a boost to morale within the Department. A new class of Social Caseworkers II is starting in January. A supervisor exam has also been posted, which will give promotional opportunities and help relieve the understaffing at the Department.

Due to the cuts in the budget, it looks like the Department will lose the Kids Link program.

FCCP: Colleen Caron gave a PowerPoint presentation based on FCCP outcomes for the first and second quarters of calendar year 2011. The Family Care Community Partnerships (FCCP) program was launched in 2009 as a program to prevent families from becoming involved with DCYF. There are four regional FCCPs. The presentation shows that almost 50% of the FCCP population lives in the Northern part of the state. The median age of the target child in the FCCP is relatively consistent statewide, roughly around 8 years old. The FCCPs work with families for an average length of time of 6-10 months, which is shorter than the national average of 12 months for wraparound services. Some cases may take longer if more support is needed. Both the Department and community agencies can refer families to the FCCP, but the families cannot be open to DCYF. The distinction between the FCCP and the new System of Care, Phase II program is that the former is for families who are not opened to DCYF, while the latter is for families whose children are already in DCYF custody.

The FCCP system uses the Wraparound model, which aims to “wrap” services in all the important life domains – education, health, recreation, behavioral health, etc. - around a family. The family drives the process, and is also supported by “natural supports” – extended family, friends, etc. – as well as peer supports. Some families have been reluctant to accept wraparound services because they may not have wanted their extended family or friends to know or have not been ready to have that much of a comprehensive process for their family. The decision was made in August of 2011 that the FCCPs would provide only wraparound services, with those families who declined or did not need wraparound being referred out to other community services.

Colleen's data tracked FCCP outcomes for families receiving wraparound vs non-wraparound services. Consistently across the three quarters, it showed that those families that were in wraparound services had a lower risk for child abuse and neglect. The proportions remained consistent. Also, the NCFAS family functioning assessment scores improved from intake to close as a result of the FCCP intervention. In terms of the reasons for referral to the FCCPs, there has been a slight decrease in the

numbers referred as being at risk for child abuse/neglect and a slight increase in those referred for serious emotional disturbances. That number may have increased because of improved access to clinical services, including diagnoses. The data shows a slight increase in referrals made from the Youth Development Center.

Colleen's report is **Attachment III**.

EOHHS Report: Sharon Kernan gave a short report because EOHHS is continuing to focus on the programs she reported on at the last Council meeting. A Council member noted that there still seems to be confusion in the community about whether the waiver allowing mothers whose children are in DCYF care while they undergo treatment is a "pilot." Sharon reiterated that this is no longer a pilot, but an established program, and asked that those inquiries should be forwarded to her for clarification.

Sharon stated that the CEDARS' overall mission is not going to change dramatically because of their becoming Health Homes.

BHDDH Report: Rebecca Boss reported that as of **July 1, 2012** BHDDH has re-contracted for its inpatient psychiatric step down diversion and detox services. This service is for individuals who are in psychiatric crisis or who need detoxification from substance abuse dependence. The new contractor is The Providence Center – Respect Program. Patients still in treatment with the previous contractor, SSTAR, will temporarily continue there so as not to interrupt services. The contract includes diversion services such as beds for persons in need of a safe place to stay but not inpatient hospitalization.

The Substance Abuse Prime Outpatient contracts were also re-procured via an RFP process. There will be 5 contractors and additional sub contractors. They are the same contractors as in the previous contract. These contracts should be in place as of February 1. Part of the funding in the previous contracts included the federal Block Grant monies set aside for women's services. These were removed from the present RFP, and BHDDH intends to develop contracts for their use through a separate RFP process.

Director Stenning and Neil Corkery are active members of the Senate Commission on Emergency Room Diversion, which should have recommendations by the end of the month.

BHDDH, with the help of the ROSC Committee, is moving forward with the trainings for Peer Wellness Coaches, which will be done by Yale through the RICCHMO training contract. The end of March is the target start-up date. There will be one training a week for six weeks.

The Prevention Training RFP is in its final review and should go to the Director for his review by the end of the week. Once the amount of the project is fixed and it is approved it will go downtown.

BHDDH is working to collaborate with the adult Drug Court to see what level of involvement the Department will have after the loss of some of the funding that supported it.

On January 17th the Department will be present at the Medicaid and former prisoner's workshop with Elena Nicollela.

Invitations are being sent out for January 23rd (location TBD) for the initial planning forum/meeting to discuss ideas about the current substance abuse treatment network and what we would like to move towards in the future.

Old/New Business: Linda Bryan handed out a Save The Date flyer for a legislative forum for the Family Advocacy Network to be held on 1/21.

Rich said that a letter to the Governor supporting housing initiatives has been drafted and will be going out today. A copy will be attached to these minutes as **Attachment IV.**

Upon motion being made and seconded, the meeting adjourned at 2:45 p.m.

The next meeting of the Council is scheduled for **8:30 AM on February 9, 2012 at Barry Hall room 126, 14 Harrington Road, Cranston RI 02920.**

Minutes respectfully recorded and written by:

Lisa Stevens

/attachments